

## AWARENESS REGARDING REPRODUCTIVE HEALTH RIGHTS AMONG REPRODUCTIVE AGE WOMEN

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### ABSTRACT

*Reproductive and sexual health rights of the women is listed as one of the fundamental components of reproductive health program in Nepal. Women in developing countries including Nepal often faced limited access to health services and education followed by poverty and deeply rooted societal myths, cultural and sexual norms. The objective of the study is to find out the awareness regarding reproductive health rights among reproductive age women. A descriptive cross-sectional study was conducted total of 90 reproductive age women who reside in the Bhaktapur District, Nepal. Non-probability i.e. convenience sampling technique was used to recruit the desired sample. Data was collected daily from September 14, 2021, to November 15, 2021, through a structured interview schedule. The obtained data were entered in Statistical Package for Social Sciences (SPSS version 20) and analyzed using descriptive and inferential statistics. The finding of this study shows that only 46.7% of respondents had a low level of awareness regarding reproductive health rights. The majority (52.2%) were of age group 19 to 39 years, Brahmin/Chhetri ethnicity (41.1%), Hinduism (58.9%), and living in nuclear family (54.3%). They were aware of family planning service (73.2%), safe abortion (70.7%) and sex education and sexually transmitted infections (68.9%) as components of reproductive health rights. There is a statistically significant association between level of awareness and selected socio-demographic variables i.e first age of marriage ( $P= 0.028$ ), respondent's occupation ( $P= 0.018$ ) and spouse occupation ( $P= 0.005$ ), and family monthly income ( $P= 0.009$ ). It is concluded that majority of reproductive age women are unaware about reproductive health rights. It is recommended that a comprehensive program on reproductive health rights should be conducted with blended to other development projects by local authorities to promote awareness in communities.*

**Keywords:** Awareness, Reproductive Health Rights, Reproductive Age Women

## INTRODUCTION

The World Health Organization (WHO) confirms that reproductive rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to sexual and reproductive health (WHO, 2011).

United Nation Population Fund (UNFPA, 2014) highlighted that *“Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents”*. (ICPD Program of Action, Paragraph 7.3)

Globally, about 44% of pregnancies are unintended, 59% in developed regions of the world and 55% in developing regions, 34% end in abortion. Each year 13.2% of maternal deaths were attributed to unsafe abortion (Mehrtash et.al, 2021). Similarly, in developing regions as estimated 218 million women who want to avoid pregnancy are not using safe and effective family planning methods, (UNFPA Asia-Pacific Regional Office, 2021).). Thus, situation of reproductive health and quality of life of females are not satisfactory in developing countries. (Yadav et. al.,2016).

In Ethiopia shown that about 56.1% of participants were found to have poor knowledge on reproductive health right, unaware regarding minimum age of marriage (51.4%), unknown about right to safe abortion (75.5%), unaware of right to have information and services of family planning (42.5%), and not knowing the right to access to all reproductive health services without husbands' permission (63.7%). Furthermore, majority of them (61.9%) were lacked the information about legal support for victims of gender based violence, even 41% disagreed to choose the partner, and 66.5% were unable to decide whether or not and when to have children, It was suggested that concerns stakeholders and government should conduct programs to promote women's educational status and household economic status through informing women's reproductive health right knowledge and utilizing sexual reproductive health services. (Tadesse, Dangisso & Abebo, 2020).

Reproductive health programs have acquired importance, so government of Nepal actively work on action plan emphasizing population and Reproductive Health issues. A wide range of issues fall under reproductive health including issues related to family planning, safe motherhood, maternal and child health, HIV and AIDS, sexually transmitted diseases and reproductive rights among others (Bhattarai and Dhakal, 2015).

Yadav et. al. (2016) found that reproductive health and its problem is still regarded as a taboo in Nepalese society as well as among Madhesi communities, so most of the women are unaware of Reproductive Health Right (63%). Despite public and private organizations have been providing various services related to reproductive health rights, still people are under privileged to get it. Government of Nepal is continuously emphasizing to address reproductive health issues such as family planning, sexual transmitted diseases, safe abortion and sex education.

Bhagwati (2020) mentioned that knowledge and attitudes among college going students found in respect to knowledge about legal statutes relating to reproductive rights issues like abortion, duration of maternity leave, 52% of the respondents had correct knowledge and information. 49% of them were aware about the legality of homosexuality in India. Knowledge questions on sexual health and menstrual hygiene generated correct responses from 44% of students. However, 87% of the students favoured inclusion of sex education in at the institutional levels and free supply of implements for maintenance of menstrual hygiene at schools and colleges.

Yadav et. al. (2016) conducted knowledge and practice on reproductive health right among married women in Madhesi community of Nepal found that most respondents were simple illiterate (65.6%) and housewife (60.9%), very few of respondents were knowledge about reproductive health rights (37%). Even though they were not empowered to take decision of family planning, about 42.7% dependence on husbands, about 27.2% take permission from father-in-law. Level of knowledge was statistically significant relationship with educational level ( $\chi^2= 43.983$ ,  $p < 0.001$ ), the use of family planning services has significant relationship with age group ( $P < 0.001$ ). however, level of knowledge and level of practice on reproductive health rights I still very low in Madhesi women.

Bhattarai & Dhakal, (2015) study was conducted on Pokhara in which most of the respondents were unaware of reproductive health rights (49%) in which majority were unaware in family planning services (47%), sexual transmitted diseases (49%) and safe abortion (55%). Study findings from Nuwakot, Nepal noted that about 39% population were unaware on knowledge towards family planning services and its uses is low. (Karki & Karki, 2016).

Reproductive right is important as maternal and newborn death could be prevented by improved access to well-integrated reproductive health services. Family planning and modern contraception offer choice and opportunity for women to make decision and to avoid pregnancy too early in life, when they are at greater risk of complication, reduce maternal and child deaths, better spacing of birth reduce child mortality and improve maternal health. It will help to stabilize population growth and reduce poverty (Bhattarai and Dhakal, 2015). Thus, with an aim to assess the level of awareness regarding reproductive health rights

among reproductive age women in Bhaktapur district.

## RESEARCH METHODOLOGY

A descriptive cross-sectional research design was used to find out the level of awareness on reproductive health rights among reproductive age women who reside in Suryabinayek Municipality ward number-2 of Bhaktapur district, Nepal between September 14, 2021, to November 15, 2021, for two months study period. A total of 90 respondents were recruited for the study. The sample size was 96. Ethical clearance was obtained from Manmohan Memorial Institute of Health Science-IRC, Kathmandu, Nepal. The researcher obtained informed written consent from the respondents. The research instrument consists of two parts in which part I included socio-demographic information and part II included structured interview schedule to assess the level of awareness regarding reproductive health rights where yes/no, multiple-choice and multiple response questions formulated to assess the level of awareness regarding reproductive health right. The tool was prepared in English language and then further translated to Nepali language. Content validity was done by a group of experts and certain changes were made to the tool. Pretesting of study was conducted on 10% of the sample size in Suryabinayek ward number-1 of Bhaktapur district of Nepal.

Self-introduction, title of research, purpose of study, data collection, and the time frame were explained to the respondents. Written consent was taken from each respondent. During data collection if there is more than one eligible respondent available in the household, only one respondent was taken to conduct data collection. Collected data were analyzed by using SPSS 20 version software. For the descriptive statistics frequency, percentage, mean, range and standard deviation were calculated, for inferential statistics chi-square was checked to determine the association between dependent and independent variables.

## RESULTS

Of the 90 female respondents of reproductive age group from various ethnicity and religions, Table 1 shows that mean age of the respondents was 28.97 years with Standard Deviation 6.6 that ranges from 15 years to 49 years. The majority 58.9% of them believed on Hinduism, whereas 41.1% from Brahmin and Chhetri ethnicity. Respondents (43.3%) had two children and settled in nuclear family (54.3%). Even 22.2% of the respondents got marriage before the age of 20 years. Secondary level of education obtained by respondents (37.8%) but only 40% of the spouses attained up to primary level. Regarding occupation, the majority 38.8% were home makers while 40% of spouses engaged in Business and 51.4% of them earned more than Rs.25,000 per month.

TABLE 1

**Socio-Demographic Information of the Respondents**

n=90

Variables	Frequency	Percentage
<b>Age Group</b>		
15-19 years	31	34.4
19-39 years	47	52.2
40-49 years	12	13.3
Mean Age 28.9, $\pm$ SD $\pm$ 6.609, min=18, max=43		
<b>Ethnicity</b>		
Brahmin /Chhetri		
Janajati	37	41.1
Muslim	28	31.1
Madhesi		10.0
	9	
Dalit	12	13.3
<b>Religion</b>		
	4	4.4
Hindu	53	58.9
Buddhist	30	33.3
Christian	6	6.7
Muslim	1	1.1
<b>Marital Status</b>		
Married	90	100
<b>Types of Family</b>		
Nuclear	49	54.3
Joint	41	45.9
<b>Number of Children</b>		
No child	14	15.6
One child	20	22.2
Two children	38	42.2
Three children and above	18	19.9
<b>Age of Marriage</b>		
Before 20years	20	22.2
After 20years	70	77.8

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**Average Monthly Family Income**

15,000-25,000	41	45.6
More than 25,000	49	54.4

**Education Level of Respondent**

Illiterate	14	15.2
Primary level	36	32.2
Secondary level	34	37.8
Higher secondary level and above	13	14.4

**Occupation of Respondent**

Farmer	10	11.1
Home maker	35	38.8
Service	23	25.5
Business	22	24.4

**Education Level of Spouse**

Illiterate	9	10.0
Primary level	36	40
Secondary level	25	27.8
Higher secondary level and above	20	22.2

**Occupation of Spouse**

Farmer	8	8.8
Home maker	5	5.5
Service	29	32.5
Business	48	53.3

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TABLE 2

**Awareness of General Information on Reproductive Health Rights of the Respondents.**

n=90

<b>Reproductive Health Rights</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Meaning**</b>		
Reproductive rights are legal rights and freedoms relating to reproductive health.	31	40.3
Reproductive rights are general human rights.	63	81.8
Reproductive rights are women rights.	27	35.1
Reproductive rights are fundamental human rights.	48	62.3
<b>Known Component of RHRs**</b>		
Family Planning Services	60	73.2
Safe Abortion	58	70.7
Safe Motherhood	30	36.6
Emergency Obstetric Care	27	32.6
Birth Spacing	40	48.8
Emergency Newborn care	28	34.1
<b>Importance of RHRs **</b>		
Reduced unplanned pregnancy	53	61.6
Protect dignity of individuals	35	40.7
Prevention of Mortality and Morbidity	45	52.3
Puberty Development	45	52.3
Promote Reproductive Health	47	54.7
<b>Known Legal Age of Girl Marriage (20 years and above)</b>	55	61.1
<b>Age of 1<sup>st</sup> time becoming Pregnant</b>		
Not pregnant	14	15.6
<20 years	20	33.3
>20 years	46	51.1
<b>Decision Maker for Pregnancy**</b>		
Self	29	18.5
Husband only	11	7.0
Couple	73	46.5

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Health workers	25	15.9
Family members	15	12.1
<b>Maintaining Privacy of Receiving RHRs Services</b>	72	80
<b>Rights of Having RHRs Information</b>	72	80
<b>Continuity of RH Rights Services</b>	72	80
<b>Usefulness of RH Rights Services</b>	62	68.9
<b>Preference to Receive RH Services</b>		
Health Post	3	3.3
Government Hospital	57	63.2
Private Hospital	28	31.1
Clinic	2	2.2

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**\*\*Multiples Response**

Table 2 highlights that most of the respondents (81.8%) answer that reproductive rights are general human rights. Many of them responded to family planning (73.2%) and safe abortion (70.7%) as parts of reproductive health rights. Similarly, the majority of 61.6% said child spacing is an important component of RHRs, and legal age of marriage for girls (62%). Likewise, most of the respondents (80%) answered that they had the right to get RHRs information, maintain their privacy, and continuity of services. The majority received RHRs services through government hospital (63.2%). For birth spacing couples (59.8%) made decision whereas 46.5% of them made decision on their pregnancy plan jointly.



TABLE 3

Awareness on Family Planning as Reproductive Health Rights.

Variables	n=90	
	Frequency	Percentage
<b>Meaning of Family Planning**</b>		
Family planning means to reduce the birth rate.	60	66.6
Family planning means the ability of individual and couple to anticipate and attain their desired number of children by spacing and timing their birth.	30	33.3
Family planning means planning the number, frequency and timing of pregnancy.	45	48.9
<b>Known Methods of Family Planning**</b>		
Depo Provera (Injection)	73	83.9
Pills	69	79.3
IUCD	57	65.5
Norplant	53	60.9
Male condom	56	64.4
Calendar	13	14.9
Withdraw	15	17.2
Vasectomy	23	24.6
<b>Uses of Family Planning</b>	78	86.7
<b>Types of Family Planning Used**</b>		
Depo Provera (Injection)	36	46.2
Pills	39	50.0
IUCD	2	6.7
Norplant	13	16.7
Male condom	46	59.0
Calendar	6	7.7
Withdraw	6	7.7
<b>Counsellor of Family Planning**</b>		
Self	20	26.0
Pharmacist	15	19.5
Nurse	30	39.0

Physician	54	70.1
Family member	9	11.7
Friends	7	9.1
<b>Decision Maker for Family Planning use**</b>		
Self	24	23.5
Husband only	5	4.9
Couple	61	59.8
Health member	12	11.8
Self	24	23.5
<b>Source of Information to obtain Family Planning service**</b>		
Tv	43	47.2
Internet	58	65.2
Health member	33	37.1
Newspaper	19	21.3
Friends	31	34.8

**\*\*Multiple response**

Table 3 shows that the majority 66.6% of the respondents were aware of meaning of family planning, and most of them (86.7%) used at least one family planning device. Respondents (83.9%) heard injection depo Provera as a method of family planning but 59.0% of them used male condom. Likewise, 70.1% of the respondents were aware that physicians have rights for family planning counselling, and 65.2% of them used the internet to obtain family planning information.

TABLE 4

**Awareness on Safe Abortion as the Reproductive Health Rights**

Variables	Frequency	Percentage
<b>n=90</b>		
<b>Meaning of Safe Abortion</b>		
Safe abortion is defined as a pregnancy termination prior to 20 weeks' gestation.	63	70
Safe abortion is a care the public health and human rights rationale.	27	30
Safe abortion is taking medication to end a pregnancy.	48	50.0
<b>Legalization of Abortion in Nepal**</b>		
Within 12 weeks at any condition	53	70.7
Within 18 weeks in case of rape	20	26.7
If there is a danger of both mother and fetus	48	64.0
Don't know	18	23.4
<b>Abortion Done by Respondent</b>	23	25.6
<b>Decision Maker of Abortion**</b>		
Self	41	48.8
Husband only	13	15.5
Couple	61	72.6
Health workers	23	27.4
Family members	27	32.1
<b>Safe Abortion Service Available**</b>		
Mari stops	38	47.5
Government hospital	37	46.2
Private hospital	20	25.0
Clinical	27	33.8

**\*\*Multiple Response**

Table 4 shows that 70% of the respondents were aware about safe abortion as reproductive health rights. Respondents (25.6%) had received abortion services but 23.4% of respondents still unaware of abortion

service is legalization in Nepal. As shows in the multiple responses, to made decision for abortion service utilization by both husband and wife (72.6%), health workers (27.4%) and family members (32.1%). The respondents (47.5%) noted that Mari stop as a place for safe abortion services.

TABLE 5

Awareness on Sex Education, STI about the Reproductive Health Rights

Variables	Frequency	Percentage
<b>n=90</b>		
<b>Meaning of Sex Education**</b>		
Sex education as instruction in various physiological, psychological and sociological aspects of sexual response and reproduction.	62	68.9
Sex education is the teaching children about reproduction, sexuality and sexual health.	28	31.1
Sex education is the provision of information about bodily development, sex, sexuality, and relationships.	24	28.1
<b>Source of Sex Education**</b>		
School	42	57.5
College	35	47.9
Internet	28	38.4
Friends	17	23.3
Health member	11	15.1
<b>Needs of Sex Education</b>	64	71.1
<b>Meaning of STIs**</b>		
STIs are infections that are passed from one person to another through sexual or oral contact.	48	53.3
STIs are generally acquired by sexual contact.	42	46.7
STI are passed on during unprotected sex with an infected partner.	31	36.5
<b>Spread of STIs**</b>		
Unprotected sex with an infected person	55	79.7
From the infected mother to the child	31	44.9
Being infused with infected blood	25	36.2

**Preventive Method of STIs\*\***

Be Abstinence	37	46.8
Be faithful to uninfected partner	42	54.4
Use Condom	54	68.4

**Ways of Awareness of RH Rights\*\***

Health program	48	56.5
Trained health workers	32	37.6
Communications ways	39	45.9
Providing Reproductive Health Services	47	55.3

**Source for Awareness of RH Rights\*\***

Tv	59	67.0
Social media	63	71.6
News paper	37	42.0
Academy	43	48.9

**\*\*Multiple Response**

Table 5 shows that majority 68.9% of the respondents were aware of the sex education. Most were 57.5% of received sex education in the school and only 15.1% of them obtained from health workers. Most were 71.1% aware on need for sex education program. Regarding STIs, nearly half 53.3% of the respondents were aware about STIs, mode of transmission (79.7%), preventive measures (68.4%), and social media (71.6%) as a main source to access information of reproductive health rights.

TABLE 6

Level of Awareness on Reproductive Health Rights of the Respondent's

Level of Awareness	Frequency	Percentage
Median ( $\geq 56$ )	42	46.7
Median ( $< 56$ )	48	53.3
Total	90	100

Table 6 shows that regarding the level of awareness on reproductive health rights among the reproductive age group women, 46.7% (median,  $> 56$ ) of the respondents had adequate awareness regarding reproductive health rights.

TABLE 7

Association Between Level of Awareness on Reproductive Health Rights and Socio-demographic Variables

Variables		Level of awareness		$\chi^2$	p-value
		Adequate	Inadequate		
		No. (%)	No. (%)		
Age	15-19	13 (41.9%)	18 (58.1%)	.935	.628
	19-40	22 (46.8%)	25 (53.2%)		
	>40	7 (58.3%)	5 (41.7%)		
First Age of Marriage.	Below 20 years	5 (25.0%)	15 (75.0%)	<b>4.850</b>	<b>.028*</b>
	Above 20 years	37 (52.9%)	33(47.1%)		
Ethnicity	Brahmin and Chhetri	23 (43.4%)	30 (56.6%)	.554	.457
	Others (Janajati, Dalit Muslim, Madhesi)	19 (51.4%)	18 (48.6%)		
Respondent's Occupation	Home Maker	9 (25.7%)	26 (74.3%)	<b>5.608</b>	<b>.018*</b>
	Other (farmer, service, business)	28 (50.9%)	427(9.1%)		
Spouse Occupation	Business	29 (60.4%)	19 (36.6%)	<b>7.813</b>	<b>.005*</b>
	Others (farmer, service)	13 (31.0%)	29 (69.0%)		
Monthly Income	15,000-25,000	13 (31.7%)	28 (68.3%)	<b>6.771</b>	<b>.009*</b>
	More than 25,000	29 (59.2%)	20 (40.8%)		

Significance level at <0.05

\*denotes significant

Table 7 shows that association between the level of awareness regarding reproductive health rights and selected variables like age, first age of marriage, ethnicity, marital status, respondent's occupation and monthly income. There is statistically significant association between the level of the awareness and selected variables like first age of marriage (p=0.028), respondent's occupation (p=0.018), spouse occupation (p=0.005) and average family monthly income (p=0.009), remaining selected variables like age, ethnicity and marital status has no statistically significant association.

## DISCUSSION

In this study about 46.7% of respondents were aware of reproductive health rights with median (>-56). Study conducted by Yadav et al (2016) found only 37% of respondents had knowledge about reproductive health rights which is similar with present study. However, Kaphle (2013) mentioned that the majority 68.3% of respondents had knowledge on reproductive rights that is higher than this study findings. Egemia & Ajuwon (2015) found that the respondents had a huge knowledge deficit of reproductive rights.

As per the present study findings, most of the respondents (81.8%) were aware that reproductive health rights are general human rights. Bhattarai and Dhakal (2015) also found the similar findings (79.81%) in Tanahu, Nepal. In this study, respondents, the majority (61.1%) answered that the legal age of marriage is 20 years or above age which is close with findings (56.5%) of Yadav et. al. (2016), but contrast with study result of Khaple (2013), who reported that most of the respondents (83.2%) were aware about appropriate legal age of marriage.

In this study, about 51.1% of the respondents were aware of became pregnant for the first time at age of 20 years and above whereas the study conducted by Khaple (2013) reported almost the respondents (98.0%) had knowledge of ideal age for pregnancy that was 20 years and above. Present study shows that couples together make decision for being parenthood (46.5%) and decision maker of birth spacing (59.8%). Catherine (2009) highlighted that decision regarding family planning was mostly taken by couples (64.0%). High rates of women's participation in joint family planning device decision-making may be taken as encouraging. Darge (2009) reported that 45% of spouses dominate the contraceptive use for birth spacing and only 33% made it jointly.

Recent study findings of awareness of family planning services as a reproductive health right, specifically use of family planning, known method of family planning (inj. Depo-provera) and most common family planning method that used for birth control were 86.7%, 83.9%, and 59.0% respectively. Likewise, most of them (70.1%) claimed that obtained information of family planning services from physicians and popular method of receiving information from internet source (65.2%), couple made together related to aware of decision-making rights on birth spacing devise use (59.8%), and decision maker for becoming pregnancy (46.5%). Previous study also found similar findings of husband-and-wife involvement to take decision for when to give birth of child, birth spacing plan and types of family planning device use were 57.0%, 58.0% and 46.7% respectively, and the majority were being informed through newspaper (39.1%), (Yadav et. al., 2016). Chapagain (2006) emphasized that husbands' domination is evident in directing wives to use contraceptives, choose their types and to terminate their application. Similarly, Egemia &

Ajuwon (2015) found that most of the respondents' perceptions of reproductive rights rotate around the right to decide number and spacing of children.

Regarding safe abortion awareness findings from the present study, majority of the respondents (70%) were aware about right to safe abortion and known about legal abortion services available in Nepal (70.7%) which is alike with another study conducted by Kaphle (2013), majority (66.3%) of the respondents were aware of safe abortion (institutional abortion) and 61.4% respondents also had its legalization in Nepal. The present study revealed that about 25.6% had received abortion services where self-decision makers and couple as decision makers for abortion services were (48.8%) and 72.6% respectively. However, Kaphle (2013) mentioned that 43.6% attempted abortion, among them 34.1% took decision themselves for abortion. In this study, majority of the respondents (47.5%) were aware of obtaining safe abortion services from Mari stops.

In the current study findings on awareness of sex education, sexually transmitted infections as a components of reproductive health rights shows that aware of meaning of sex education (68.9%), need for sex education (71.1%), sources (school-57.5%); known as unprotected sex with infected person could spread of STIs (79.7%) and using of condom was the most effective preventive measures (68.4%), major sources of obtaining awareness of preventive measures of STIs from health program (56.5%) and social media (46.7%). Study by Tadesse, Dangisso and Abebo (2020) mentioned that 43.9% respondents had good knowledge of sexual and reproductive health rights; Kaphle (2013) found the percentage of aware respondents on sex education was 59.4%. Butler P., (2003) noted early and unprotected sexual activity and misconceptions about HIV/AIDS are prevalent, particularly among rural dwellers. Similarly, must focus on protection of reproductive rights, promoted and fulfilled if sexual and reproductive health outcomes are to be improved, particularly for the marginalized groups (Department of International Development, 2004). Furthermore, Grover, Garg & Kaur (2017) mentioned that most 53.75% were aware of infected partner source of transmission, 70.75% were about HIV/AIDS as STIs, so use of condom is safer sex practice device (62.25%)

In this study, there are statistically significant association between respondents first age of marriage ( $P=0.028$ ), occupation status of respondents ( $P=0.018$ ), occupation of spouse ( $P=0.005$ ) and average monthly family income ( $P=0.009$ ) and awareness regarding reproductive health rights. Study by Yadav et. al. (2016) reported no statistically significant association p-value less than 0.05 age of first marriage (1.102  $p=0.603$ ). Study by Tadesse, Dangisso and Abebo (2020), is inferred that husband's formal education level, occupation of husband and household with the highest income were significant at multivariate analysis with sexual and reproductive health knowledge and its utilization that is similar with this study findings.





## CONCLUSION

In this study awareness regarding reproductive health rights among participants was low. About three fifths of respondents were not aware about the reproductive health rights. Most of the respondents rely on either spouse or other family members to take decision for accessing reproductive health services when they seek for it. There is a strong statistically significant relationship with first age of marriage of respondents, occupation of self, spousal occupation and average family income per month on level of awareness regarding reproductive health rights. Joint venture of development partners and government authorities should conduct programs on raising awareness on reproductive health rights through mass media i.e. radio, television, internet and newspaper. There should be implemented the empowerment programs for community females to increase awareness regarding reproductive health rights.

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